Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09923469

(Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			34					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00		BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7 (/ minus 20-		• 446		rù	V0.0					
			34 minus 20=		14			X\$ 9=	126	OR	X\$18=	•	
INDEPENDENT CLAIMS			5 - minus 3 =		· 2			X40=	80	OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	HESENI					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	561	OR	TOTAL		
	C	LAIMS AS A	MENDED - PART II								OTHER THAN		
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT,		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 34	Minus		U	=		X\$ 9=		OR	X\$18=	, , , , , , , , , , , , , , , , , , ,	
	Independent	. 51	Minus	*** <	2 414	= ,		X40=		OR	X80=		
<u>. </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDEN	CLAIM	AIM		+135=		OR	+270=		
• 101	_			; ;				TOTAL		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3							ADDIT. FEE	; -		AUDII. FEE	,	
AMENDMENT B.	A STATE OF THE STA	CLAIMS			IEST	PRESENT		·	ADDI-			ADDI-	
		AFTER		PREVI	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	N	Minus	***		=		X40=		OR	X80=	*	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				T CLAIM]			On		1	
								+135=		OR	+270=		
			TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,.	RATE	ADDI: TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									-	` 070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					er fou	ınd in the app	propriate box	in co	lumn 1.		